





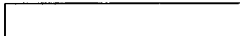
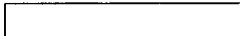
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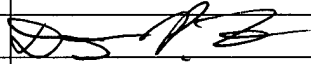
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☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U. S. Filing Date
	09/554996		May 24, 2000

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Typed or Printed Name	David P. Halstead	<p>(check one)</p> <p><input type="checkbox"/> Applicant or Patentee</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record</p> <p>44,735 (Reg. No.)</p>
Signature		
Date	July 14, 2003	
Address of signer: ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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